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**ORIGINALLY FILED** 

Practitioner's Docket No. 70207/56,595 **PATENT** 

1315 GAR 159

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

opplication of: B. Madras, et al. ication No.:

10/085,482 02/28/2002

For: SEROTONIN TRANSPORT INHIBITOR

Group No.: 1615

Examiner: Unassigned

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MAY 0 9 2002

**Assistant Commissioner for Patents** Washington, D.C. 20231

TECH CENTER 1600/2900

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

### **STATUS**

2. Applicant is other than a small entity.

#### Material Court of Sign **FEE FOR CLAIMS**

1.016.61

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 3.

(Col.1) Claims Remaining After Amendment			(Col. 2)  Highest No. Previously Paid For	(Col. 3)  Present Extra	OTHER THAN A SMALL ENTITY			
					Rate	Addit. Fee		
Total	25	Minus	25	= 0	x \$0 =	\$0		
Indep.	10	Minus	10	= 0	x \$0 =	\$0		
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0	<del></del>	
					Total Addit. Fee	\$0		<u> </u>

# CERTIFICATE OF MAILING/TRANSMISSION(37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

## **MAILING**

X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

transmitted by facsimile to the Patent and Trademark Office.

**FACSIMILE** 

Signature

Γ

Donna M. Tomaso

(type or print name of person certifying)

Date: April 24, 2002

\* If the entry in Col. 1 is less than the entry in Col. 2, write AO≅ in Col. 3,

\*\* If the AHighest No. Previously Paid For≅ IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20≅.

\*\*\* If the AHighest No. Previously Paid For≅ IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3≅.

The AHighest No. Previously Paid For≅ (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

# FEE DEFICIENCY

4. If any additional extension and/or fee is required, charge Account No. 04-1105. If any additional fee for claims is required, charge Account No. 04-1105.

Date: April 24, 2002

SIGNATURE OF PRACTITIONER

Cara Z. Lowen Reg. No. 38,227

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